

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: <input checked="" type="checkbox"/> HCP <input type="checkbox"/> IE <input type="checkbox"/> IC	Response Timely Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Requestor's Name and Address P. Charles Romanick, M.D. 204 W. Windcrest Fredericksburg, TX 78624	MDR Tracking No.: M4-04-4454-01
	TWCC No.:
	Injured Employee's Name:
Respondent's Name and Address Universal Underwriters of Texas c/o ECAS Box 02	Date of Injury:
	Employer's Name: Fredericksburg Equipment Co.
	Insurance Carrier's No.: 2330028157

PART II: SUMMARY OF DISPUTE AND FINDINGS (Details on Page 2, if needed)

Dates of Service		CPT Code(s) or Description	Amount in Dispute	Amount Due
From	To			
01/07/03	01/07/03	99213 – Office Visit	\$50.00	\$48.00
01/07/03	01/07/03	99080-73 – Work Status Report	\$15.00	\$0.00
01/07/03	01/07/03	73030-WP – X-Ray	\$45.00	\$45.00
03/04/03	03/04/03	99213 – Office visit	\$50.00	\$48.00
03/04/03	03/04/03	99080-73 – Work Status Report	\$15.00	\$0.00
06/24/03	06/24/03	99213 – Office Visit	\$50.00	\$48.00
06/24/03	06/24/03	99080-73 – Work Status Report	\$15.00	\$0.00
06/24/03	06/24/03	73030-WP	\$45.00	\$0.00
06/24/03	06/24/03	99455-L3-WP	\$300.00	\$300.00
09/30/03	09/30/03	99212 – Office Visit	\$40.00	\$32.00
09/30/03	09/30/03	99080-73 – Work Status Report	\$15.00	\$15.00
			Total Amount Due:	\$536.00

PART III: REQUESTOR'S POSITION SUMMARY

01/07/03 – Continued shoulder pain following surgery; medical report required – TWCC-73; X-ray shoulder for should pain. 03/04/03 – Continued should pain following surgery; required TWCC-73 report. 06/24/03 – Continued pain, lack of range of motion; required TWCC-73 report; check healing following shoulder surgery; requested MMI. 09/30/03 – Lack of ROM of shoulder; required TWCC-73 form.

PART IV: RESPONDENT'S POSITION SUMMARY

Response not submitted.

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

- CPT Code 99213 for dates of service 01/07/03, 03/04/03 and 06/24/03. The insurance carrier denied the office visits with payment exception codes of “N – not documented” and “C – Negotiated Contract Price”. Neither party submitted documentation to support or refute the negotiated contract price; therefore, recommended reimbursement will be according to the 1996 Medical Fee Guideline, if warranted. Per the 1996 MFG/E&M Ground Rule (IV)(C)(2) submitted clinical notes support services were rendered as billed. Reimbursement in the amount of \$144.00 (\$48.00 x 3) is recommended.
- CPT Code 99212 for date of service 09/30/03. Neither party submitted EOBs; per Rule 133.307(e)(2)(B) the requestor submitted convincing evidence supporting request for reconsideration. Per the 1996 MFG/E&M Ground Rule (IV)(C)(2) submitted clinical notes support services were rendered as billed. Reimbursement in the amount of \$32.00 is recommended.

- CPT Code 99080-73 for dates of service 01/07/03, 03/04/03, and 06/24/03. The insurance carrier denied the office visits with payment exception codes of “N – not documented” and “C – Negotiated Contract Price”. Neither party submitted documentation to support or refute the negotiated contract price; therefore, recommended reimbursement will be according to TWCC Act and Rules. For date of service 9/30/03, neither party submitted an EOB; per Rule 133.307(e)(2)(B) the requestor submitted convincing evidence of request for reconsideration. According to Rule 129.5(d)(2) the doctor shall file a Work Status Report (TWCC-73) when the injured worker experiences a change in work status or a substantial change in activity restrictions. Review of the Work Status Reports, for the above dates of service, reveals the report submitted for date of service 1/7/03 shows no change in status as reflected in Part II of the report, stating “continue restrictions as before for 2 months”; the Work Status Reports submitted for date of service 3/4/03 and 6/24/03 show the health care provider will allow the injured worker to work without restrictions and documents “continue as before” on the report; supporting no significant change in activity restrictions. Review of the Work Status Report of 9/30/03 reveals a change in work status and documents the employee to return to work as of 9/30/03 without restrictions. Therefore, reimbursement in the amount of \$15.00 is recommended.
- CPT Code 73030-WP for dates of service 01/07/03 and 06/24/03. The insurance carrier denied the office visits with payment exception codes of “N – not documented” and “C – Negotiated Contract Price”. Neither party submitted documentation to support or refute the negotiated contract price; therefore, recommended reimbursement will be according to the 1996 Medical Fee Guideline, if warranted. Per the 96 MFG/Radiology/Nuclear Medicine Ground Rule (I)(A)(2) the clinical note for date of service 01/07/03 supports the service was rendered as billed; however, clinical notes for date of service 6/24/03 did not document an x-ray was performed. Reimbursement in the amount of \$45.00 for date of service 01/07/03 is recommended.
- CPT Code 99455-L3-WP for date of service 06/24/03. The insurance carrier denied the office visits with payment exception codes of “N – not documented” and “C – Negotiated Contract Price”. Neither party submitted documentation to support or refute the negotiated contract price; therefore, recommended reimbursement will be according to the 1996 Medical Fee Guideline, if warranted. Per the 1996 MFG/MGR (XXII)(A-D) clinical notes support services were rendered as billed. Reimbursement in the amount of \$300.00 is recommended.

PART VII: COMMISSION DECISION AND ORDER

Based upon the review of the disputed healthcare services, the Medical Review Division has determined that the requestor is entitled to additional reimbursement in the amount of \$536.00. The Division hereby **ORDERS** the insurance carrier to remit this amount plus all accrued interest due at the time of payment to the Requestor within 20-days of receipt of this Order.

Ordered by:

Marguerite Foster

August 2, 2005

Authorized Signature

Typed Name

Date of Order

PART VIII: YOUR RIGHT TO REQUEST A HEARING

If you are unhappy with all or part of this decision, you have the right to appeal the decision. Those who wish to appeal decisions that were issued during the month of August 2005, should be aware of changes to the appeals process which take effect September 1, 2005.

House Bill 7, recently enacted by the 79th Texas Legislature, provides that an appeal of a medical dispute resolution order that is not pending for a hearing at the State Office of Administrative Hearings (SOAH) on or before August 31, 2005 is not entitled to a SOAH hearing. This means that the usual 20-day window to appeal to SOAH, found in Commission Rule 148.3, will be shortened for some parties during this transition phase. If you wish to seek an appeal of this medical dispute resolution order to SOAH, you are encouraged to have your request for a hearing to the Commission as early as possible to allow sufficient time for the Commission to submit your request to SOAH for docketing. A request for a SOAH hearing should be sent to: Chief Clerk of Proceedings/Appeals Clerk, P.O. Box 17787, Austin, Texas 78744 or faxed to 512-804-4011. A copy of this Decision should be attached to the request.

Beginning September 1, 2005, appeals of medical dispute resolution orders are procedurally made directly to a district court in Travis County [see Texas Labor Code, Sec. 413.031(k), as amended and effective Sept. 1, 2005). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable.

Si prefiere hablar con una persona in español acerca de ésta correspondencia, favor de llamar a 512-804-4812

PART IX: INSURANCE CARRIER DELIVERY CERTIFICATION

I hereby verify that I received a copy of this Decision and Order in the Austin Representative's box.

Signature of Insurance Carrier: _____ Date: _____